								Application or Docket Number					
PATENT A	PPLICATIO	N FEE DET ve October	TERM r 1, 20	INATIC 01	N RECO	RD			100	5/	60	8-	
CLAIMS AS FILED - PART.1 (Column 2)							SMALI TYPE	P		OR .	OTHER SMALL		
TOTAL CLAIMS		56					RAT	E	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			easic	FEE	370.00	OR	Basic Fee	740.00	
TOTAL CHARGEABLE: CLAIMS		5) minus 20=		• 35			X\$S	-		OR	X\$18=	630	
INDEPENDENT CLAIMS		minus 3 =		. 0			X42			OR	X84=	168.	
MULTIPLE DEPEN	RESENT					+140	) <del>-</del>		QR	+280=			
If the difference i	less than zero, enter "O" in column 2					TOT	AL.		QR	TOTAL	1538		
CLAIMS AS AMENDED - PART (										•		THAN	
418-05	(Column 1)		(Cohur	ກກ <u>2)</u>	(Column 3)	•	SMA	щ	ENTITY	OR E	SMALL	ADDI-	
4	CLAIMS REMAINING AFTER		MUM PREVIO PAID	BER	PRESENT EXTRA	-	RAT	E	ADDI- TIONAL FEE		RATE	TIONAL	
Total Independent	· .92	Minus	<del>- 6</del>	<u> </u>	· <del>()</del>		X\$ 5	<b>)-</b>		OR	X\$18=		
Independent	. 2	Minus	٠	3	<del>-</del> U	1	X42			OR	X84=		
FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	T CLAIM		j	+14	)e.		OR	+280=		
				•	-			TAL		OR	ADDIT, FE		
RCE 1-18:06	(Onlyma 4)	·	(Cabi	mn 2)	(Column 3	١	ADDIT.	FEE			AUDII. PE		
	CLAIMS	i.	HIGH	iest.		1	_		ADDI-	1		ADDI-	
	REMAINING AFTER AMENDMENT	<b>1</b>	PREVI	IBER IOUSLY I FOR	PRESENT		RAT	E	TIONAL FEE		RATE	TIONAL	
Total	. 32	Minus , `	<u></u>	55	.0	1	XS	<u></u>		OR	X\$18=		
2   Days   10   10   10   10   10   10   10   1	. 2	Minus		5	.0	]	X4:	}= ·		OR	X84=	•	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						٤	+14	 0=		ОЯ	+280=		
								YAL		OR	ADDIT FE		
20/16/00	(Column 1)		(Colu	ımı 2)	(Column 3	n	ADDIT.	rce	•		/BUILTE		
	CLAIMS		RIG	HEST		7	<del>~</del>		ADDI-	1		ADDI-	
NT C	REMAINING AFTER AMENDMENT		PREV	MBER MOUSLY D FOR	PRESENT		RAT	ſΕ	TIONAL		RATE	TIONAL	
Total  Independent	• ./8	Minus		5	:0	]	95.0 <b>X\$</b>			OR	30.03 3018	Ö	
Independent	• ]	Minus	•••	5	10		700 -X4	ွှင		OR	3200.0 XB4=	0,	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							•14	_		OF			
* If the entry in column, I is less than the entry in column 2, write "O" in column 8.  ** If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."						<b>.</b>	-	TA.		OF	101	4	
"If the Trighest M	amber Proviously	Paid For IN THI	IS SPACE 10 CDACE	is less th File hace th	an 20, cour 7 an 2 enter 7		ADOIT.			۔ ب	MOINT		
The "Highest Nu	mber Previously P	end Loi. (Lotel o	r receptor	men) a t	e denser usu				: _				
<u> </u>								-	and Office	U 9 0	<b>FPARTMENT</b>	OF COUNE	

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